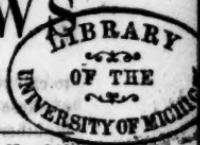


THE MEDICAL NEWS AND LIBRARY.



VOL. XXIX.

APRIL, 1871.

No. 840.

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GUERSANT ON SURGICAL DISEASES OF INFANTS, ETC.

16 PAGES.

CLINICS.

CLINICAL LECTURES.

Abstract of a Clinical Lecture on Tracheotomy. By GEORGE BUCHANAN, M. D., Lecturer on Clinical Surgery, Glasgow Royal Infirmary, &c. &c.

GENTLEMEN: I propose to call attention to-day to the operation of tracheotomy, with special reference to its performance with the view of saving life in the later stages of croup and diphtheria. These two diseases are characterized by the effusion of a false membrane on the mucous surface of the air-passages; in croup, the lymph being deposited first in the trachea, with a tendency to spread down into the bronchi, sometimes up into the lower orifice of the larynx; in diphtheria, the deposit being seen first on the fauces, tonsils, and pharynx, with a tendency to spread

down through the upper opening of the larynx into the trachea, and even into the bronchi. When in either disease the effusion of lymph is excessive, the respiration is impeded to such a degree that the patient dies of suffocation.

I shall not take up your time with any general remarks on the nature, causes, and symptoms of these affections, nor give you any indications for their treatment in the earlier stages; for, though I have very well defined ideas on these subjects, most of you are aware that both in teaching and practice I confine myself exclusively to surgical cases. In consequence, I have no opportunity of observing the effects of remedies, except such as are afforded by the reports of those medical men who request my assistance in the more advanced stage. But there is one point to which I beg most earnestly

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

• In no case is this periodical sent unless the subscription is paid in advance.

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to call your attention—it is that, in both of these diseases, but more especially in diphtheria, and more manifestly when they occur as epidemics, they may exist in one of two types, the asthenic or asthenic. In the asthenic, the tendency is to cause death by exhaustion—failure of the vital powers; in the asthenic, by suffocation. You will hear it sometimes stated that because diphtheria is a general disease—somewhat like scarlet fever—and the lymphy effusion but the local manifestation of it, therefore it is unphilosophical to propose tracheotomy in such a case; but you will remember that this operation has never been suggested with any intention of cutting short the disease, nor ought it to be performed when there is great prostration. It is in the asthenic form alone that it is admissible. And what I would urge on you is this, when you find that your patient, whatever be the original disease—croup or diphtheria—is not improving by the treatment you have been adopting; when you find that the effusion is going on to produce suffocation; when the tendency is to death by apnoea more than by exhaustion, then you ought to step in and perform tracheotomy for the purpose of preventing immediate death, and so give longer time for the patient to live through the disease and ultimately throw it off. Nay, you will find, after a comparatively limited experience, that you will be able to recognize early in the progress of a case whether the tendency is to apnoea or exhaustion; and I would be inclined to urge my own experience as a reason for performing tracheotomy in the class of cases in which it will inevitably be required, before the struggle for breath has exhausted the strength of the sufferer, so rendering the operation less successful than it might have been.

In short, let not the name of the disease deter you; but, when you find a patient clearly progressing to death by suffocation, while the vital powers are otherwise vigorous, my maxim for you would be, open the windpipe and ward off the impending death, whatever be the ultimate result; you have done your duty and saved life, at least temporarily. I

admit that it is sometimes a very nice point to decide when to interfere and when to refrain, and especially to discover when the effusion has spread down into the bronchi or bronchial tubes, in which case the operation would be useless. Percussion of the chest and the sibilant *râles* discoverable by auscultation are valuable aids to diagnosis; but there is one most characteristic sign which I find a sure and ready guide to distinguish between dyspnoea depending on pulmonary occlusion, whether congestive or bronchial, and that depending on tracheal obstruction—I allude to the observation of the respiratory movements. When the obstruction is in the larynx or trachea, the powerful attempts at respiration will be plainly visible, and their inefficacy will be evidenced by the drawing in of the costal cartilages and the intercostal spaces. When this is well marked and increasing, the pulse moderately good, it is a proof of the vigour of the vital powers, and is a clear indication for tracheotomy.

The steps of the operation are very easily indicated, but very difficult in the performance. The great maxim is, "operate leisurely and without hurry." The patient having been put under the influence of chloroform—a very great assistance in this operation—an incision is to be made about an inch and a half long from half an inch below the cricoid cartilage downwards. Layer after layer of the cellular tissue is to be divided till the trachea comes into view. This, which is easily stated, is a troublesome matter, owing to the perpetual movements of the trachea and the bulging into the wounds of veins, cellular tissue, and in children the spicules of the thymus gland, all of which must be held aside with retractors. Any vessel which bleeds must be tied; and it must be a principle that the second stage of the operation is not to be undertaken till the white rings of the trachea are clearly seen at the bottom of the wound. A sharp hook is now to be fixed in the upper part of the trachea brought into view, and the knife plunged into it—the back of the knife being towards the larynx—and the incision made half an inch long. A pair of closed dress-

ing forceps are now to be introduced into the slit and opened, on which there will be a violent struggle, then a forcible expiration expelling quantities of false membrane and viscid mucus; and presently the patient will lie quiet, breathing tranquilly through the opening. The silver tube is now to be introduced, and the operation is completed. The only special precaution which I adopt in the after-treatment is to order the air in the apartment to be kept moist by steam from a kettle, or by some other means.

The following case illustrates these points very well:—

William S., aged 7 years, when convalescing from scarlet fever, had an attack of tonsillitis. The palate and tonsils became covered with a white exudation, and the voice became hoarse. After a few days he improved so much that there was no anxiety about him, when on the 12th January there was considerable difficulty in breathing and a hoarse barking cough. The white patch was to be seen on the tonsil, evidently extending downwards. On the 13th he continued in the same state, but on the 14th the symptoms had increased in severity so that Dr. Pirie, the medical attendant, requested me to visit him in consultation. When we saw him, however, the dyspnoea had become less urgent, so that we thought that he had a hope of recovery without operation. On the 16th all the symptoms became aggravated, and when I saw him in the evening with Dr. Pirie, it was quite evident that the struggle for breath would soon wear him out. The pulse was fair; he could swallow well; but the fits of dyspnoea were so frequent and urgent that he was tossing about, gasping, and begging to be relieved. An examination of the chest showed most clearly that the obstruction was in the larynx or trachea, and that the effusion had not extended into the smaller bronchi. The muscles were acting very powerfully, so that at each attempt at inspiration the sternum, costal cartilages, and intercostal spaces, were violently pulled inwards. The effort to inspire was evidently very strong, but there was hardly any room for air to pass; a clear indication for opening the windpipe to admit the air.

The nature of the operation having been explained to the parents, they committed the child to our care to do what we thought best for it. The assistance of my friend Dr. Smart having been procured, I proceeded to perform tracheotomy precisely as before described, and with the same result. The child, who before was tossing about in an agony of dyspnoea, was soon breathing with perfect tranquillity through the tracheal silver tube.

I need not describe the progress of the case from day to day. Four or five of my students most kindly volunteered to be with the patient for the first forty-eight hours, during which time the child was never left without skilled attendance, Dr. Pirie visiting two or three times a day. The result was most satisfactory. The tube was removed on the eighth day, and after that the child made a rapid recovery.

Postscript.—As an appendix to the above abstract, I may state that I have now performed tracheotomy in thirty-nine cases; of these thirteen recovered, or one out of every three operated on. As all those operated on were considered to be in a hopeless state, it may be concluded that thirteen lives were saved by the operation.—*Brit. Med. Journal*, March 4, 1871.

HOSPITAL NOTES AND GLEANINGS.

Bronchitis, with Dropsy, etc.—At the Glasgow Royal Infirmary, Dr. W. T. GAIRDNER had under treatment lately a male patient, aged forty-seven years, who suffered from the following complication of diseases: bronchitis, with dropsy, albuminuria, hypertrophy of left ventricle of heart, degenerated arteries, and arcus senilis.

On admission to the Royal Infirmary the patient was treated for bronchitis; subsequently a minute examination revealed puffiness of the eyelids, legs, feet, and back. The specific gravity of the urine was 1.012, albuminous, and contained granular tube casts; muscles were flabby, complexion pallid, and much flesh had been lost. Further examination showed arcus senilis in the cornea, a tortuous and

resistant state of the anterior temporal arteries, of both radial arteries, and of thyroid axes; also considerable induration of the superficial femoral of the left side. These circumstances combined led to a careful examination of the cardiac region. Here percussion was difficult, owing to the presumed overlapping of emphysematous lungs, and effusion into the pleura diffused in the left lateral region. Hypertrophy of the left ventricle of the heart was diagnosed some days previously, and the facts recorded with care. At that date the cardiac apex beat was most strongly felt in the fifth intercostal space, and feebly in the sixth, from an inch and a quarter to the left of a vertical line of the nipple. Both these points had been marked with nitrate of silver. When the patient had been placed on his left side the impulse of the apex could be followed for two inches to the left of the line of the nipple. The left margin of the cardiac dulness was in accordance with the more remote of these situations; the upper margin passed through the nipple affording evidence of a lower position of the heart, or of pulmonary encroachment. The transverse measurement of the surface, over which dulness extended, was six inches. There was no fever; pulse, 70; liver and spleen revealed no distinct abnormal states.

Cream of tartar in electuary, and a stimulating mixture, containing spirit of chloroform and camphor mixture, had been administered from October the 14th to November the 1st, under which treatment the patient improved. At this date the bronchitis increased, but was relieved by the administration of cream of tartar in the form of drink. In October the urine averaged seventy ounces daily; during the relapse of bronchitis sixty ounces daily. It increased subsequently to seventy-three ounces, and on the 12th of November the patient passed one hundred ounces in twenty-four hours. The patient's condition seemed to improve in a ratio with the increased flow of urine.

On the 12th of November the sounds of the heart, though not much altered, nor free from murmurs, were in unison with the idea of hypertrophy of the left ventri-

cle, yet slight alterations were observed in many phases of the case. The apex beat was appreciable at about half an inch nearer the nipple than the point previously diagnosed. No impulse could be detected in the sixth intercostal space, and dulness on percussion was correspondingly altered. The nitrate of silver marks, and the distinct character of the apex beat on the second, though not on the first examination, led to the inference that either a diminution in the size of the heart had occurred between the examination made on the 1st of November and that made on the 12th of November, or that the lung by being less expanded with air had permitted the heart to rise up in the thorax, and, consequently tilted the apex nearer the nipple.

Up to the time of his bronchial attack the patient considered himself strong and healthy, and the points indicating disease of heart, arteries, and cornea were only discovered by a full and complete examination.

The marked improvement in this case under diuretics, and the very curious evidence of that improvement made manifest by the condition of the cardiac region, are worthy of attention and especial notice; and, in estimating the latter, it ought not to be forgotten that the over-expansion of the margins of the lungs had a tendency to displace the heart downwards, and that the altered position of its apex may not be at all attributed to the size of that organ. In such a case, however, dulness should have extended and not retarded.

Bearing in mind all the points, Dr. Gairdner inclines to the belief that the hypertrophied or dilated left ventricle had become reduced in size, and acquired more control over its contents, influencing the improvement in all other symptoms.—*The Doctor, Jan. 1871.*

Gum-elastic No. 4 Male Bougie removed from the Bladder of a pregnant Woman by Urethrotomy; threatened Abortion; Cure.—M. M., set. 21, was admitted into University College Hospital, Dec. 15th, 1870. The patient had been engaged as a housemaid up to one month before admission.

She was in perfect health till about one month previously, when she commenced to have pain on passing urine, lasting a short time afterwards. The pain during micturition was of a pricking character, and after it she felt as if there were something more to come away. Lately, the urine had contained blood and matter. She passed it with considerable straining, and the pain remained the same. The pain was increased by movement. During the week before admission, she suffered from incontinence of urine, which escaped involuntarily every few minutes. She had occasionally passed fragments of grit. She said that she was quite regular in her periods up to two months before admission, since when she had seen nothing; but she was extremely reticent, and did not answer questions readily.

On admission, the patient was a fat anemic girl. She was suffering from constant incontinence of urine, and the thighs and nates were slightly excoriated in consequence. Some of the urine which was collected was found to be alkaline, free from albumen, and depositing a considerable sediment composed of pus and triple phosphates. There was scarcely any blood. On December 16th, she passed a small gritty fragment, which was found to be composed entirely of phosphates. Mr. Erichsen sounded her, under chloroform, and found a calculus. It gave a distinct click when struck with the sound. It seemed to be of considerable size, was evidently phosphatic, and could be felt with the finger through the anterior vaginal wall.

On December 21st, the patient being tied up in the lithotomy-position, Mr. Erichsen passed a full-sized male median lithotomy-staff, and opened the urethra at the vaginal aspect, dividing the under-surface for about one inch. A pair of small lithotomy-forceps were then passed into the bladder, and the foreign body was removed. On examination, it was found to be a No. 4 male gum-elastic bougie, coiled up, and coated with phosphates to the thickness of about one-sixteenth of an inch. The ivory head was not covered with any deposit, and had doubtless been the cause of the distinct

click heard on sounding. The wound in the urethra was brought together with silver sutures, and a catheter tied in. The patient was then removed to bed, and an India-rubber tube attached to the catheter to carry off the urine.

The patient went on well till December 25th, when some hemorrhage occurred from the vagina, which ceased after a slight loss of blood. This was repeated on the 26th and 27th, until the patient was much weakened by the loss of blood. It was then found, on further examination, that she was in the fourth month of pregnancy, and that abortion was threatening. She was transferred to the care of Dr. Graily Hewitt, under whose treatment the progress of miscarriage was stayed; and she gradually recovered, leaving the hospital in about a month after the operation.

Mr. Erichsen stated that this case was extremely interesting in a medico-legal as well as in a surgical point of view. Here was an unmarried girl pregnant, with impending abortion, in whose bladder a male gum-elastic bougie was found. There could be no doubt in the minds of any conversant with the practices that were unfortunately notoriously rife in this country—though less so than in some others—that the bougie had been employed for the purpose of procuring abortion; that it had been used by an unskilled hand; that the urethral orifice had been mistaken for the os uteri; and that the instrument, having slipped in, had occasioned the symptoms of calculus for which she had been admitted. His suspicions as to the alleged calculus being, or having for a nucleus, a foreign body, had been aroused by the reticence of the girl; but he had thought, as is very common in such cases, that the foreign body, whatever it might be, had been introduced to gratify sensual feelings, rather than with a positively criminal intent. Stone in the bladder was so rare in young women, that, when a calculous mass was found, it was almost invariably found around some extraneous body, such as a hair-pin, a piece of pencil, etc., that had been accidentally slipped into the urethra. In this case, the mode of introduction was

different; and there could be no doubt, from the nature of the foreign body and from the coexistence of pregnancy, as to the motives that had suggested its use. It had probably been in the bladder about two months, judging by the quantity of phosphates by which it was encrusted. The bougie, as usually happens, was coiled up into one mass; and the ivory handle, being free and uncoated, gave a clear and distinct click to the sound.

With respect to the operation, Mr. Erichsen performed urethrotomy instead of dilating the urethra, as he thought that, as the mass was rather large, the canal might be over-stretched, and incontinence would then result. The cut in the urethra was immediately closed by silver sutures. —*Brit. Med. Journal*, March 4th, 1871.

Aneurism of the Axillary Artery; Ligation of the Subclavian.—G. M., a sailor, aged 53, was admitted into King's College Hospital, under the care of Sir W. Fergusson, on January 18th, 1871, suffering from an aneurism of the right axillary artery.

On September 18th, 1870, as he was trying to reach something by stretching his arm through the meshes of a rope-ladder, he fancied he felt something give way. He took but little notice of this at the time. The next day, as he was ascending the rope-ladder, his foot slipped, and his arm, being above one of the cross-trees, was brought down upon it with great force, nearly the whole weight of the body being supported by the arm. Later on in the day he noticed, for the first time, that there was a pulsating swelling, high up on the inner side of the right arm, almost in the axilla; the swelling was about as large as a walnut. During the next fortnight he lost nearly the whole power of movement over the hand and forearm. Flexion and extension at the elbow became very weak; the power of extending the wrist and fingers was wholly lost, but slight power of flexion remained. Pronation and supination were impaired, though not wholly lost. The man experienced a dull aching pain in the ends of his fingers, but none in the seat of the aneurism. There was

loss of sensation in the little finger and the inner side of the ring finger. On admission, the aneurism could be seen and felt on the inner side of the right arm. It projected about an inch and a half below the lower border of the pectoralis major, this part alone being visible, but strong pulsation could be felt through the muscles as high as to within half an inch of the clavicle. The tumour could not be felt above the clavicle. The pulse at the wrist was all but imperceptible. Pressure on the subclavian stopped the pulsation in the tumour, but it was difficult to compress on account of the man keeping his shoulder raised.

February 7th. There was little or no change in the aneurism; if anything, it was rather larger and more painful.

Operation.—February 8th. The patient having been placed fully under the influence of chloroform, Sir William Fergusson made an incision about four inches long about half an inch above the clavicle, and parallel with that bone through the skin, superficial fascia, and platysma. The external jugular vein then became apparent, and was drawn aside; by careful dissection, the omo-hyoid muscle was then exposed, loosened from its attachments, and drawn upwards and outwards by a blunt hook. At this time there was a little venous hemorrhage, which somewhat obscured the structures. After carefully dissecting a little deeper, chiefly with the handle of the scalpel, the margin of the anterior scalenus muscle was exposed, and then about half an inch of the artery. Sir W. Fergusson now passed the needle from below upwards, and, after trying its effect upon the aneurism, tightened the ligature upon the vessel. The wound was closed by sutures and dressed with dry lint. The pulsation in the aneurism was completely stopped. Not an ounce of blood was lost during the operation. On account of the great depth of the vessel, it was found necessary to enlarge the original incision twice during the operation, in a crucial manner.

March 1st. Up to the present time, the patient has not had a bad symptom; the tumour has become hard and more solid; the radial pulse is not yet percep-

tible; the ligature has not yet come away, but the wound is in a great part healed.—*British Medical Journal*, March 4th, 1871.

Case of Primary Cancer of Liver.—Carcinoma of the liver, being usually preceded by cancer of other organs, is rarely met with as a primary affection. As a secondary deposit its occurrence is far more frequent; and Rokitansky has estimated that it is found once in the liver for every five instances of its presence in other parts of the body. The difficulties of diagnosis in the present case were increased by the absence of icterus, ascites, or oedema, and by the want of any distinct evidence of indurated protuberances in any part of the organ. In summing up the features of the case, Dr. Headland remarked that the enlargement could scarcely be attributed to cirrhosis, since there was no history of alcoholic intoxication, nor to albuminoid disease, as there was no evidence of caries, long-continued suppuration, or of either of the other usual coexistent conditions; abscess of the liver and hydatid cyst were excluded from consideration by the absence of pyrexia and of any circumscribed tumour; and, taking into consideration the rapidity of its growth and the presence of pain, he concluded that the enlargement must be due either to cancer of the stomach and secondary deposit in the liver, or, in spite of its rarity, to primary cancerous infiltration of the latter.

W. S.—, aged forty, was admitted into Charing-Cross Hospital under the care of Dr. Headland, on the 12th of January, suffering from enlargement of the liver. He stated that for the last three months he had been gradually losing flesh and suffering from obscure pains in the right side. He always previously considered himself a strong, healthy man, and had never lost a day's work through sickness. Six weeks before admission he had been seized with sharp cutting pains, which made him feel sick, and compelled him to leave his work and go home. Since then he had been laid up. He had always been a temperate man, and had never had syphilis. There was no history of cancer in his family. He com-

plained of constant pain, aggravated by every movement, and by the slightest touch. There were complete anorexia, and occasional vomiting; once or twice blood had been observed. The bowels were constipated and the motions clay-coloured. The urine had a specific gravity of 1027, and yielded a violet-coloured abnormal deposit on cooling. The area of liver dulness could be traced downwards to a line drawn from the umbilicus to the crista ili on the right side, and to a line drawn from the umbilicus into the left hypochondrium to the region of splenic dulness. The percussion of the upper border gave the following limits: In the mammary line, dulness just above the upper margin of the fifth rib; in the axillary line, to the sixth rib; and in the dorsal line, to the upper border of the seventh rib. Palpation of the edge of the liver afforded no definite information, though there were a suspicious hardness and tenderness in the epigastric region; otherwise the liver felt uniform and smooth. Bronchial breathing was heard over the base of the right lung. The case remained under observation till the 3d of February, when the patient died. A few days before his death he became paraplegic.

On examination after death, the body did not present any distinct cachexia, nor was there oedema or ascites. On opening the abdomen, the liver at once came into view, reaching downwards below the umbilicus, and studded with large white excavated patches of the size of a crown-piece; these, towards the margin, were less distinct, and the liver-tissue was more equally infiltrated and less nodular. On section, the liver was studded throughout with circumscribed tumours of medullary cancer, some of which were undergoing softening. The weight of the liver was 9 lb. 5 oz. The base of the left lung was consolidated. The bladder was distended with urine; its mucous membrane much pigmented and eroded, owing, no doubt, to the alkaline urine secreted since paraplegia had come on. Careful search was made in the stomach, intestines, and lungs for other deposits, but these organs were, without exception, quite healthy.—*Lancet*, Feb. 25th, 1871.

Unilateral Anæsthesia without impairment of motor power, occurring suddenly in the subject of Heart Disease.—The following rare form of nerve-lesion came under Dr. GRAY's notice early in January, at the Radcliffe Infirmary, Oxford.

W. B., st. 62, ten weeks previously, while stooping to pick up a piece of wood, suddenly experienced a painful tingling sensation in the right hand, foot, and side of face. In the face the smarting was so severe that he thought he must have been stung by a bee. On drawing his hand across his face to wipe away the supposed bee, he found, to his surprise, that over the right half of his face, exactly up to the middle line of nose, lips, and chin, the skin was insensible to the touch. There was no headache or other cerebral symptom. After a few hours the foot quite recovered. At the end of two or three days the right hand and cheek ceased to tingle and smart, but did not regain their sensibility, and have not done so since. From the first there has been no loss of power in the affected parts.

On the occasion of his last visit (February 11), his condition was noted as follows: The palm and dorsum of right hand have their natural feeling, but, from the root of each finger to its tip, ordinary tactile sensibility is lost. A prick or pinch is felt, not as such, but as a scald. Their sensitiveness to heat or cold is exaggerated. Their electro-sensibility not tested. He can grip as strongly with this hand as with the other, but cannot use it for any delicate operation. Thus, in picking up a pencil off the table, the fingers fumble clumsily, and have to be guided by his eyes. (There is permanent contraction and rigidity of the palmar portion of the tendon of the middle finger; but he says this has existed for years, and attributes it to his former trade—shoemaking.)

Precisely the same phenomena of impaired and prevented sensation exist on the right side of the face, within the following limits—viz., forwards, as far as mesial line of nose, lips, and chin; upwards, along the lower and (in less marked degree) upper eyelid and mid-temple; backwards, to the anterior edge of the ear; and below, to about the lower edge

of the ramus of the jaw. Beyond these limits—i. e., over forehead, scalp, ear, back and side of neck, sensibility is normal. The right conjunctiva also is normally sensitive.

In the right half of the cavity of the mouth, common sensibility, and in the corresponding half of the tongue, both it and the sense of taste, are almost wholly lost. During meals, from his not feeling the food between the tongue and the right cheek, little food and drink often escape out of that corner of the mouth. Sight and hearing on the right side are unimpaired. It is doubtful whether the sense of smell is as acute in the right nostril as in the left. Speech and deglutition are normal. He has full control over all the facial muscles, and perfect symmetry exists between the two sides of the face, whether its muscles are still or in action.

He is a strongly-built, healthy-looking labouring man, and declares he never had a day's illness in his life. No trace or history of gout, rheumatism, or syphilis; no dropsy; no albumen in urine. He owns, however, to very slight habitual cough, and (for an uncertain time past) to some little shortness of breath on unusual exertion. Auscultation reveals considerable hypertrophy of heart, with disease both of aortic and mitral valves; and it is conjectured that embolism may very possibly account for the loss of function which has occurred in certain sensory ganglia.—*Med. Times and Gazette*, March 4th, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Bursæ in front of the Wrist and Palm of the Hand.—Dr. FRANK H. HAMILTON, in some remarks on this affection (*Med. Record*, March 1, 1871), thus speaks of its treatment. A variety of plans have been suggested and practised with more or less success by surgeons, including incision, excision, injections of iodine, acupuncture, blisters, etc. I am persuaded, however, from my own experience, that no surgical interference is ever proper, except it be to open the sac freely,

whenever suppuration is imminent or has already taken place. Velpeau relates that in 1822 he saw Prof. Richerand, at the Hôpital St. Louis, open a similar tumour in a girl nineteen years old, of a strong constitution. The operation was performed with every necessary precaution, but intolerable pain and violent inflammation ensued, resulting in abscesses, and she was not out of danger until after six weeks of suffering. He adds that he has seen the operation of incision, or of passing a seton through, followed by death in several instances at Hôtel-Dieu. I have seen a patient succumb to spontaneous inflammation and suppuration of the bursæ; and Mr. Tatum, in Holmes's Surgery, has reported a similar example. Pressure is in some cases serviceable, but generally it will be best to leave the case entirely to Nature, only taking care that it shall not be subjected to injury.

A Speedy Method of Artificial Respiration in Asphyxia.—Dr. HARVEY L. BYRD recommends (*Baltimore Medical Journal*, November, 1870) the following method for performing artificial respiration in the new-born: Bring the *ulnar side* of the hands together, with the palmar surfaces looking vertically, then prop them beneath the back of the infant, so that the extended thumbs may aid, as far as possible, in sustaining the vertex and inferior extremities. Then keeping the *ulnar borders* of the hands in contact, so as to form a fulcrum, the radial borders or sides are simultaneously depressed to as great an extent as practicable, say forty-five degrees *below* the horizontal line, and then gradually elevated or promoted to as many degrees *above* that line, thus facilitating the escape of air drawn into the lungs during the downward movement of the head and chest. These movements, performed in a regular and gentle manner, and repeated at proper intervals, seldom fail in the establishment of respiration when it is possible of accomplishment. A little cold water dashed upon the epigastrum during the *descent* of the head and chest, will hasten respiration when the first few movements fail in its establishment. It is important that the

head be kept, as far as practicable, in the antero-posterior axis with the vertebral column during the process.

Bond's Placental Forceps.—A correspondent of the *Medical Press and Circular* writes (No. for Feb. 22d, 1871) to inquire whether these forceps can be procured in Dublin? to which the editor replies, they are not known to the leading London and Dublin houses.

A description of these forceps, with a figure, was published in the No. of the *American Journal of the Medical Sciences* for April, 1844, and they are noticed in Prof. Hodge's *Principles and Practice of Obstetrics*, pp. 485, 486, and further an improved form of them is figured in this last work, pl. xv. figs. 85 and 86.

Medical Graduates in 1871.—The following list shows the number of graduates in several of the medical schools in this country:—

University of Pennsylvania, 114.
Jefferson Medical College, 127.
Harvard University, 45.
College of Physicians and Surgeons, New York, 86.
Bellevue Hospital Medical College, 134.
University of New York, 90.
Medical College of Ohio, 50.
Miami Medical College, 48.
Cincinnati College of Medicine, 17.
Rush Medical College (Chicago), 83.
Indiana Medical College, 32.
Iowa Medical College, 32.
University of Nashville, 66.

University of Pennsylvania; Auxiliary Faculty of Medicine.—The Board of Trustees of this University have recently determined to confer the degree of Doctor of Philosophy (Ph. D.) upon "Graduates in Medicine of the University (or of schools recognized by it), who shall also have attended two courses of the Auxiliary Faculty of Medicine, and passed a successful examination by this Faculty."

Such a candidate for the honour must, in addition to his knowledge of all the usual branches of medicine, be acquainted with at least five branches of especially *Scientific* learning, viz., *Chemistry*, includ-

ing *Physics* and *Botany*, *Comparative Anatomy*, *Zoology*, *Geology*, and *Mineralogy*.

The University does not intend conferring this degree as a mere honorary one, but requires that the candidate shall pass an examination for it.

University of Pennsylvania.—Professor HENRY H. SMITH has resigned the Professorship of Surgery, which he has held for the last sixteen years, in this Institution.

The members of the Graduating Class in recognition of his services and as a mark of personal esteem, on Commencement Day (March 14, 1871) presented Prof. Smith's portrait to the Trustees of the University, with the request that it be hung in the Wistar and Horner Museum with those of the professors who in past time were honoured with the same compliment.

American Medical Association.—The Twenty-second Annual Meeting of this Association will be held at San Francisco, California, commencing at 11 o'clock on Tuesday morning, May 2d, 1871.

Alumni Association of the Medical Department of the University of the City of New York.—The Executive Committee of this Association purpose the publication, at the earliest possible date, of a complete catalogue of the graduates from that institution since its foundation. As the records of the Faculty were destroyed in the burning of the college building some years ago, it is earnestly requested that each alumnus will, without delay, forward for enrolment his full name and post-office address, with his professional history, including date of graduation, posts of honour and trust held, etc., and also any information which he may possess concerning former classmates who have since died or retired from practice. Communications should be addressed to the Secretary, Charles Inslee Pardee, M. D., 72 West 35th Street, New York.

American Journal of Pharmacy, published under the authority of the Philadelphia College of Pharmacy.—This valuable

journal, devoted to the advancement of pharmaceutical knowledge, has since the first of the present year been changed from a bi-monthly to a monthly, and we are pleased to see that its able and experienced editor, Mr. WILLIAM PROCTER, Jr., continues at his post.

Transactions of the Medical Society of the State of New York.—Of the early volumes of these transactions but a few copies were published, and since the importance of the proceedings of the Society became better known, a demand sprang up for those volumes which could not be supplied. A limited number of the proceedings for the years 1840, '41, '42, and '43 have recently been reprinted, so that an opportunity is now afforded to those who desire to complete their sets of these valuable Transactions.

Bellevue Hospital.—Dr. W. T. LUSK has been appointed one of the physicians to this hospital, in the place of the late Dr. GEO. T. ELLIOT.

FOREIGN INTELLIGENCE.

On the Therapeutic Value of Iodine in the treatment of Syphilis.—The preparations of iodine, in the opinion of Mr. JAMES R. LANE, of the Female Lock Hospital (*Lancet*, February 25, 1871), have no therapeutic value whatever in primary syphilitic ulcerations, whether attended with induration or not. He believes them to be equally useless in the class of symptoms usually termed "secondary," at all events in their earlier stages, when mercury, under proper management, has so eminently beneficial an effect.

The preparations of iodine have their special application in the treatment of the class of symptoms usually denominated "tertiary." These are skin affections tending to ulcerate—such as tubercle and rupia, destructive ulcerations of the throat and palate, affections of the periosteum and bones, gummatus tumours of the cellular and muscular tissues, and affections of similar character in internal organs; some forms of orchitis and also of

iritis might be included in the list. In Mr. Lane's opinion, nothing is more certain than that, as a rule, mercury is injurious in this class of affections; they show themselves at a period when the direct influence of the syphilitic poison appears to have passed away, and to have left behind it a cachexia, which manifests itself in the destructive conditions above enumerated. These are essentially asthenic in their origin, and the remedies required are those which will repair the failure of nutrition and restore the debilitated powers. Good diet and stimulants, with pure air and other favourable hygienic influences, are essential; but, in addition to these, we have in the salts of iodine a remedy the value of which it is impossible to exaggerate. Amongst them the iodide of potassium holds deservedly the highest repute. Under its influence, rupial ulcerations heal in the most remarkable manner, periosteal swellings disappear, the gummatous tumours known as soft nodes are rapidly absorbed, and the strength and weight of the patient are increased. It is true that he is not at once permanently cured; it is not to be expected that so serious a diathesis can be changed in a few weeks, although its outward manifestations have been removed and destructive action has been arrested. The symptoms will return again and again, and the remedy must be again and again resorted to, with the result, in the great majority of cases, of a cessation of all outward symptoms and the ultimate permanent restoration to health of the patient. It is a mistake to suppose that a recurrence of symptoms is an indication of the failure of the remedy; it is, on the contrary, a reason for its repetition; and even the appearance of fresh symptoms during its use should be regarded as an additional motive to persevere and to augment the quantity given.

The iodide of potassium should be commenced in doses of three grains, to be gradually increased to fifteen or twenty grains, thrice daily. It agrees best, and its efficiency is increased, when combined with carbonate of ammonia, and administered in a diluted condition. The decoction of sarsaparilla is an excellent

vehicle, and is in itself useful as a tonic. The iodides of sodium and ammonium are inferior, in Mr. Lane's opinion, to the iodide of potassium; but when the latter disagrees, and produces dryness of the throat, headache, and coryza, they may be substituted for it with advantage, as they are certainly not so liable to be attended with these unpleasant effects. Mr. Lane has not met with a case in which one or other of the iodides could not be borne, if the dose at the commencement was sufficiently reduced—and in some cases it has been found necessary to make it as small as half a grain—when given carefully, and by slow degrees, toleration will be established. In all cases the gradual increase of dose is a point of great practical importance. It is by persisting in the same dose that the good effect is often missed, that disappointment ensues, and the remedy is discredited.

Mr. Lane has rarely found the iodides of any service in purely secondary affections. He believes that, on the contrary, they will almost always be found injurious in the early stages. From their stimulating properties they tend to aggravate skin affections, and especially to irritate disordered mucous membranes. If from any cause it is thought advisable to abstain from mercury in the early secondary stage, it is a mistake to suppose that the next best thing is to give the iodide of potassium.

From what has been said, it may be inferred that Mr. Lane is not in favour of the combination of mercury with the iodides in the treatment of syphilis, although the practice is frequently adopted. A very favourite method is to give the perchloride of mercury in combination with the iodide of potassium in secondary affections. The result is, of course, a solution of biniodide of mercury with iodide of potassium in excess. This appears to be "blowing hot and cold" at the same time, since the one remedy tends to neutralize the effect of the other; and, in most cases, where the one is necessary the other is injurious.

If there are any cases in which such a combination is desirable, it would appear to be those which are passing through

the transition period between the secondary and tertiary stages, when the symptoms partake somewhat of the character of both periods—when, for instance, there are patches of scaly or papular eruption coincidently with disease of periosteum and bone, with recurrent iritis, chronic enlargement of the testis, or gummatous swellings.

Internal Oesophagotomy in Cicatricial Contractions of the Oesophagus.—M. TRÉLAT describes (*Bulletin de l'Académie de Médecine*, t. xxxv. p. 241) a case of stricture of the oesophagus, resulting from the action of a corrosive liquid that had been swallowed, and in which the mode of treatment by gradual dilatation had long been employed in vain. The stricture was immediately above the cardia, and he at length determined to employ an instrument he had previously invented and delineated, and which consisted of a slightly curved shaft, about twenty inches in length, which towards its lower extremity presented a dilatation flattened on one side. Below this were two cutting blades that could be made to protrude to the desired extent by means of a screw. The instrument was forced through the stricture, the concealed blades thrust forth, and the instrument was then withdrawn.—*The Practitioner*, December, 1870.

The Treatment of Orchitis.—M. BESNIER (*Bull. de Théráp.*, 1870) has found a simple method of treatment so successful in orchitis of all kinds that he thinks it proper at once to submit it to the consideration of the profession.

The patient is kept at rest, the scrotum is raised, and compresses steeped in a concentrated decoction of the leaves of digitalis are kept constantly applied. The compresses applied may be either luke-warm or cold, and are taken off when they begin to dry. The application must be kept on incessantly. With some folds of cloth under the pelvis and some waterproof around the wet compresses, the application can be carried on with little inconvenience to the patient.—*Dobell's Report on Progress of Medicine*, 1870.

Incontinence of Urine successfully treated by the Syrup of the Iodide of Iron.—Dr. JOHN BARCLAY, of Aberdeen, states (*Med. Times and Gazette*, Dec. 17, 1870) that, during the past two years and a half, twenty cases of incontinence of urine have been treated by him with the syrup of iodide of iron alone; and, so far as he knows, without a single failure. He gives the details of eleven of these cases. He gave the medicine in doses of from 15 to 30 minimis three times a day.

Nitric Acid in Bright's Disease.—Dr. MAX FIGUEIRA, Physician to the Royal Hospital of St. Joseph, at Lisbon, has found great benefit from the use of pure nitric acid mixed with water (as lemonade) in Bright's disease. He has found it inferior to tannin, borax, tincture of cantharides, perchloride of iron, etc. He gradually increases the dose to twenty-four and thirty drops four times a day. Milk and raw onions he found most useful in diminishing anasarca and albuminuria.—*Dobell's Report on Progress of Medicine*, 1870.

Chloral Hydrate in Puerperal Mania and Puerperal Convulsions.—Dr. PHILLIPS stated to the Obstetrical Society of London that during the past nine months he had used the hydrate of chloral extensively in the puerperal state, especially in five cases of puerperal mania, and two of puerperal convulsions. In four of the five cases of mania its action had been very beneficial, while in the fifth it failed to produce sleep, though given in full doses. In one case of mania the patient had no sleep for three days, though opium had been given, but within five minutes of taking half a drachm of hydrate of chloral she fell asleep for four hours, and again for five hours more. In another case, on the fourth day it was given in full doses, and the next day the patient was quite rational. The chloral hydrate was very suitable in the restless, sleepless condition not uncommon after delivery. A drachm dose produced no effect in one case of convulsions, while in another, in which the paroxysms were severe and frequently repeated, the action of the

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chloral was very marked. It was very satisfactory to receive such a favourable account of chloroform in obstetric practice from one so accustomed to its use as Dr. Kidd was. He (Dr. Phillips) had seen it used extensively in abnormal labours without untoward effects, and this notwithstanding that he had had it used continuously for twelve consecutive hours in puerperal convulsions.—*Med. Times and Gazette*, February 4, 1871.

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Value of the Preparations of Conium.—Dr. JOHN HARLEY in an article on this subject in *The Practitioner* (Dec. 1870), states that the advantage of the green fruit over every other part of the plant is so clear and decided, that nothing need be said in favour of its selection as the basis of the tincture and extract. The extract of the Pharmacopoeia is a scandal to the present state of medical knowledge, and a spirituous extract of the green fruit ought as soon as possible to take its place; then indeed we shall have an extract of which the proper dose will be "from 2 to 6 grains," instead of from 20 to 60 grains or more, which is the efficient dose of the present extract.

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Kali-Kutki—A New Tonic.—Mr. M. C. COOKS, in a late number of the *Pharmaceutical Journal*, gives a description and an account of the properties of this plant, which has long been considered to be the black hellebore, but which really belongs, not to the Ranunculaceæ, but to the Serrulariaceæ. Though unknown in the English market, it is well known throughout India. The drug consists partly of the root and partly of the stem of the plant. The root part is very light and brittle, about the size of a goose-quill, brownish-white in colour externally, and deep black internally, with short, waxy fracture. It is stated to be a very valuable tonic, Assistant Surgeon Mourdeen Sheriff considering it equal to gentian and calumba, and superior to chirayta. As a dose, ten or twenty grains as a tonic, and from twenty to forty as an antiperiodic, are recommended.—*Lancet*, Feb. 4, 1871.

Malt Extract.—Mr. EBERT, in the *Pharmacists*, draws attention to the fact that ordinary malt extract is simply good porter sold at an exorbitant price, and gives the following process as one really calculated to produce a valuable article: Take of barley malt, kiln dried, 10 lbs. av., Water q.s.

The malt is reduced by the drug mill so that it will pass through a No. 20 sieve; and to the meal is added a sufficient quantity of cold water to form with it a soft dough. Two gallons of hot water are then added, and heat applied until the temperature is raised to 150°, or not to exceed 155°. This temperature is maintained with occasional stirring for several hours, until the whole of the starch is converted into dextrine and glucose by the diastase of the malt. The absence of the starch can be ascertained by the application of a solution of iodine. When the whole of the starch has gone there is no more blue colouration with iodine. The liquor is to be expressed rapidly and passed through a strainer. This it would seem is a difficulty, as it speedily clogs up the strainer. Mr. Ebert suggests, however, an ingenious mode of remedy, which is, of course, applicable to many processes. It is to make a pulp of un-sized or filtering paper, and mixing this pulp with the expressed fluid previous to straining. The perfectly clear liquor is to be evaporated by means of a water-bath to the consistency of a thick syrup, having the sp. gravity 1.500, or approximately one pint, and weighing one and a half pound.

The extract has an agreeable syrup taste, and contains, besides the sugar of the malt, dextrine, albumen, and the phosphates of the grain. In very hot summer weather, says Mr. Ebert, it is liable to fermentation, but this can be prevented by the addition of a small quantity of glycerine.—*Med. Press and Circular*, Feb. 22, 1871.

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Death from Chloroform.—Dr. BLODZ reports (*Wiener Med. Woch.*, Dec. 31, 1870) a case of this which occurred at the Eye Infirmary at Gratz. About two drachms of chloroform were administered to a lad

aged 11, and an iridectomy performed. During the dressing, and six or eight minutes after the completion of the operation, the lad was observed to make several rapid respirations and then cease to breathe. The autopsy failed to exhibit any peculiarity.—*Med. Times and Gazette*, Feb. 25, 1871.

Tooth-Plate and Teeth Swallowed.—Mr. HENRY SMITH showed to the Medical Society of London a gold tooth-plate and teeth that had been swallowed by a gentleman, a patient of Dr. Hamilton, of Mitcham. Mr. Smith saw him six hours after the accident, and was able then to touch the plate with a pair of long forceps; but all attempts at extraction were unavailing. Mr. Smith therefore pushed the plate down into the stomach. The patient felt relief; and nine days afterward passed the plate by the bowel, with but little pain. Mr. Smith also showed a similar plate in vulcanite, given him by Dr. E. Johnson, that had been swallowed, and passed through the patient in safety. Dr. King narrated the case of a man in the Edinburgh Infirmary who had swallowed his false teeth. Mr. Syme, not being able to pull the teeth up, at once pushed them down. A few days afterwards, Dr. King was sent for to see the man, and found him dead. The angular hooks on the tooth-plate had torn the oesophagus and perforated the aorta. In the stomach was a complete cast of its cavity in blood-clot. Mr. Carter had seen a case where a brooch was swallowed. The patient was made to eat a large quantity of bread, and then an emetic was given, when the bread and brooch all returned together. Dr. Morell Mackenzie was in the habit of using in such cases an instrument known on the continent as the *ramoneur*. It was passed down, and, as it was withdrawn, a sort of brush, expanding, caught the foreign body, and so removed it.—*British Med. Journal*, Feb. 4, 1871.

Morbid Anatomy of Tetanus.—Dr. ALLBUTT exhibited to the Pathological Society of London some microscopical specimens of spinal cord, illustrative of the morbid anatomy of tetanus. They were

taken from four cases, all traumatic. The first patient suffered from laceration of the skin and injury to the ankle. The cord was soft in many parts, especially in the upper portion of its course. The posterior tibial nerve was removed, and its sheath found full of pus. The second was a girl, who lacerated her finger. The nerve of the forearm was not examined. The third patient had been operated on by Chopart's method. The cord was soft in the dorsal region, and a clot was found in the lumbar enlargement. The sheath of the posterior tibial was full of pus. The fourth case was one of compound fracture of the leg. The cord was soft chiefly in the dorsal region, and there were some hemorrhages throughout. Dr. Allbutt said that in all the cords changes were observed, especially softening. In two there were hemorrhages, the blood-vessels were distended, thickened, varicose, and plugged, and there were spaces round these vessels, either full or empty. There was also proliferation of epithelium in the central canal, which was stuffed with it. There were changes in the connective tissue of the cord, and washing out of cells in the anterior cornua, where also small yellow lumps were to be seen, as of motor cells degenerated.

Dr. Dickinson had found the same condition of bloodvessels. The thrombosis was difficult to make out after soaking in chromic acid.

Dr. Moxon had never seen anything like inflammation; the vessels were often full, but there was never anything like thrombosis in the specimens he had seen. The cord was often anaemic. There was no thickening of the membranes or anything like lymph in those he had examined, but he had seen epithelium proliferated in the central canal. He thought the tetanic condition due to irritation, not to any distinct change, as in the cases which recovered no paralysis was left, and death resulted from over-action, not from impaired action.—*Med. Times and Gazette*, February 18th, 1871.

A Woman with Four Breasts.—A primiparous woman was admitted under M. Lorain, and was delivered the next day of

a dead premature child. She was found to have four breasts, two in the normal position and with the normal puerperal appearances, and two which, from their position, might be called axillary, and attaining the size of a small orange. She menstruated at twelve, and at the periods she experienced pain in the small breasts. The colostrum also which these contained was small in quantity, and the granular bodies were less and transparent, while the milk-globules were fewer. The areola was also very small. In spite of an attack of fever, the lacteal secretion was regularly established in all the breasts, but the milk examined microscopically was found of a much poorer quality in the supplementary breasts.—*Med. Press and Circular*, Jan. 4, 1871, from *Revue Photographique des Hôpitaux*.

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Smallpox in London.—The mortality from this disease for the weeks ending February 4, 11, 18, and 25, has been respectively, 196, 211, 218, 227. That the present epidemic is more severe than any during the last 30 years is shown by the fact that the average mortality for the past nine weeks has been 168½, while in an equal number of weeks during the previous most severe epidemic (1840-41) the weekly average was only 71. In Liverpool the epidemic is more severe; the annual death-rate from smallpox for the last week in February was equal to 3.6 per 1000 in London, while it was 12.9 in Liverpool. Smallpox has spread in an unusual degree over the whole of Europe.

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Stage at which Smallpox is contagious.—There are some who, perhaps arguing from analogy, are disposed to think that a communicable virus is not given off until the specific eruption appears upon the skin, and some who regard the disease as scarcely likely to be communicated even during the first day or two of the eruptive stage. We are sure that this notion is as inconsistent with facts as it is dangerous to the public health. The observations of highly competent men have satisfied us that the cutaneous eruption is no proper criterion to go by, and that smallpox may be communicated when

not a single pock has appeared upon the skin. It was only a fortnight ago that a case of petechial typhus, fatal in a few days, was reported to one of the metropolitan health officers. Suspecting that there might have been an error in the diagnosis, he saw the surgeon who reported it, and learned from him that the illness commenced with severe pain in the back and other initiatory symptoms of smallpox; and, moreover, that the patient, a girl, had been exposed to smallpox contagion. In this case there was no eruption up to the death, yet a sister who lived in the house and assisted in nursing her was about a fortnight after the death attacked with smallpox. That a variolous fever without eruption prevailed in epidemic seasons was an old observation of Sydenham. That people with this form of the disease, ignorant of its nature, may go about and communicate smallpox, is not an improbable way of accounting for some of those attacks in which no direct or indirect exposure to contagion can be traced. However this may be, it is obviously a prudent course to interdict personal intercourse with individuals who, during the prevalence of the epidemic, show the symptoms of the initiatory fever, whether they issue in eruptive smallpox or subside without the development of pocks.—*Med. Times and Gazette*, February 25, 1871.

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Diphtheria in Germany.—It is stated in the *Med. Cent. Zeit.*, that this complaint is prevailing extensively in Berlin, attacking both old and young. It also is prevalent in the military hospitals.

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The International Congress of 1871, in Vienna.—This will be the third of the series, the second having been held at Florence, in 1869. The committee had been appointed in the latter city, and has now chosen its officers. President: Prof. Rokitanaky. Vice Presidents: Profs. Duchek and Sigmund. Secretaries: Drs. Benedikt and Schnitzler. The committee will request the assistance of the medical corporations of Vienna, and at once begin the work of organization.

CULLERIER AND BUMSTEAD'S ATLAS—(New Complete).

ATLAS OF VENÉREAL DISEASES.

By A. CULLERIER,
Surgeon to the Hôpital du Midi, &c.

TRANSLATED FROM THE FRENCH, WITH NOTES AND ADDITIONS,

By FREEMAN J. BUMSTEAD, M.D.,
Professor of Venereal Diseases in the College of Physicians and Surgeons, New York.

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As the successor of Ricord in the great Venereal Hospital of Paris, M. Cullerier has enjoyed unequalled opportunities of observation, and his series of illustrations, though only recently finished, is already recognized as the most complete and comprehensive that has yet appeared on this subject. In reproducing them, every care has been exercised to preserve their artistic finish and accuracy, and they are confidently presented as equal to anything that has yet been produced in this country.

Any one conversant with his treatise on venereal diseases, which at once raised him to the front rank of syphiliographers, would have expected from his pen, in the way of translation, only one of the very highest order. Such a one he has given us—enriched, moreover, with notes which add materially to the value of the work. As a dualist, he has frequent occasion to differ with his author, but invariably with the utmost fairness and courtesy. Great credit is due to the publishers for the elegant make-up of the book. It was first published in parts, the size of the pages having been enlarged to a quarto, each plate including four of the original; but it may now be obtained in a single bound volume. The plates are fine specimens of chromo-lithography, scarcely inferior to the original. The print is excellent, and altogether the volume is well worthy of perusal by all interested in syphilography.—*Am. Journ. of Syphilography*, Jan. '70.

We wish for once that our province was not restricted to methods of treatment, that we might say something of the exquisite colored plates in this volume.—*London Practitioner*, May, 1869.

As a whole, it teaches all that can be taught by means of plates and print.—*London Lancet*, March 13, 1869.

Superior to anything of the kind ever before issued on this continent.—*Canada Med. Journ.*, March, 1869.

The practitioner who desires to understand this branch of medicine thoroughly should obtain this, the most complete and best work ever published.—*Dominion Med. Journal*, May, 1869.

This is a work of master hands on both sides. M. Cullerier is scarcely second to, we think we may truly say is a peer of the illustrious and venerable Ricord, while in this country we do not hesitate to say that Dr. Bumstead, as an authority, is without a rival. Assuring our readers that these illustrations tell the whole history of venereal disease, from its inception to its end, we do not know a single medical work which, for its kind, is more necessary for them to have.—*California Med. Gazette*, March, 1869.

Other writers beside M. Cullerier have given us a good account of the diseases of which he treats, but no one has furnished us with such a complete

series of illustrations of the venereal diseases. There is, however, an additional interest and value possessed by the volume before us; for it is an American reprint and translation of M. Cullerier's work, with incidental remarks by one of the most eminent American syphiliographers, Mr. Bumstead. The letter-press is chiefly M. Cullerier's, but every here and there a few lines or sentences are introduced by Mr. Bumstead; and, as M. Cullerier is a unicus, while Mr. Bumstead is a dualist, this method of treating the subject adds very much to its interest. By this means a liveliness is imparted to the volume which many other treatises sorely lack. It is like reading the report of a conversation or debate; for Mr. Bumstead often finds occasion to question M. Cullerier's statements or inferences, and this he does in a short and forcible way which helps to keep up the attention, and to make the book a very readable one.—*Brit. and For. Med.-Chir. Review*, July, 1869.

It was with unmixed satisfaction that we heard the announcement that the French surgeon's magnificent treatise was to be reproduced in this city, in a style which would be in every respect worthy of the original, and yet which would be offered at such a price as to be readily attainable by every surgeon throughout the whole extent of the United States. The first portions of this splendid book have already formed the subjects of short bibliographical notices in the numbers of this Journal for April and July, 1868. But now that it is complete, and stands before the profession in its goodly proportions as a whole, it becomes our duty to offer our readers a more elaborate and a more critical review of its many and great excellencies. The 76 plates of the original are here accurately reproduced on 26 plates containing 145 figures. These we have very carefully examined, and have no hesitation in pronouncing them to be the best illustrations of any medical work in our language with which we are acquainted. The most splendidly illustrated work in the language, and in our opinion far more useful than its French original. It is besides furnished at little more than one-half the price of the French edition, and must, we think, remain for a long time the most desirable book on venereal diseases attainable by the American practitioner.—*Am. Journal of Med. Sciences*, Jan. 1869.

* * * Specimens of the text and plates will be forwarded to any address by mail on receipt of 25 cents.

The size of this work prevents its transmission by mail, except in parts. On receipt of the amount, however, for the volume bound in cloth, it will be sent, freight prepaid, to any point accessible by express in the United States east of the Territories.

HENRY C. LEA, Philadelphia.